

First Baptist Church, GV Presents

Space is Limited
Register by Thursday, June 28th

FINE

arts camp

Drama Music Art Film



Date & Time: July 16-20, 2018

9:00am to 1:30pm

Location: First Baptist Church



Cost: \$60 before June 14th; \$75 after June 14th

Ages: 2nd – 8th Grade

- Please send a lunch with your child each day.
- We will provide snack for their morning break.
- The highlight of the week is the...

Fine Arts Camp Finale on Friday, July 20 @ 7:00pm.

The night will include a gallery showing of all the art created, performances of drama and dance and the World Premiere of this year's films...bring your family and friends.



Questions:

Call First Baptist Church, Grass Valley at 273-7301

Or visit our website at www.firstbaptistgv.com

Fine Arts INFORMATION CARD

TODAYS DATE: _____

Child's Name: _____ Birthdate: _____ Grade in Fall 2018: _____

Address: _____ City: _____ Zip _____

Mailing Address: (If different from above) _____ email: _____

Phone #: _____ School Attended: _____

Parents/Guardian Name: _____ Home Phone: _____ Cell #: _____

Emergency Contact Person: _____ Phone: _____

Allergies/Health Concerns? _____

List of Authorized Adults Child may be released to: _____

T-Shirt Size: S (6-8) M (10-12) L (14-16) XL (18-20) Adult S Adult M

PHOTO RELEASE:

As the parent or legal guardian of _____, I agree to hold harmless and give my permission to FIRST BAPTIST CHURCH of Grass Valley to use his/her photo in press releases and other promotional materials, as well as on their website. I understand that I will receive no payment for this.

Signature: _____ Date: _____

Relationship To Child: _____



(530) 273-7301 1866 Ridge Road, Grass Valley CA 95945

*****staff complete below*****

Payment: _____ Photo: _____ Medical Release: _____

Fine Arts Camp 2018

Medical Release: The health history is correct so far as I know, and the person described has permission to engage in all prescribed camp activities except as noted. In Case of Medical Emergency, if I cannot be contacted, I hereby give permission to a **First Baptist Church, Grass Valley** & Fine Arts camp representative and the physician he/she selects to secure proper treatment, including: hospitalization, ordering injections, giving anesthesia, x-rays, routine tests, treatment, transporting of child, or performing operations as may be urgently necessary for this child and to release reports necessary for insurance purposes for my son/daughter noted above. This form may be copied for emergency purposes. I understand that every effort will be made to contact the camper's responsible parent or guardian. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

Parent/Guardian signature

Date